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PTO/SB/21 (09-04)
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the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/666,527 **TRANSMITTAL** Filing Date 09/18/2003 **FORM** First Named Inventor Todd C. Bailey Art Unit 1722 **Examiner Name** Emmanuel S. Luk

Tota	al Number of Pages in T	his Submission 21	0	Attorney D	ocket Number	PA51-22-0)2		
ENCLOSURES (Check all that apply)									
	Fee Transmittal For Fee Attache Amendment/Reply After Final Affidavits/de Extension of Time F Express Abandonm Information Disclose Supplemental Certified Copy of Pr Document(s) Reply to Missing Pa Incomplete Applicat Reply to Mis under 37 CF	eclaration(s) Request ent Request ure Statement riority		Drawing(s) Licensing-relation Petition to Co Provisional A Power of Atto Change of Co Ferminal Disc Request for F CD, Number Landsca	ented Papers Invert to a pplication Invert, Revocation Inversion Inversi	on Address	Afte App of A App (Ap) (Ap) Pro Stat	•	
		SIGNAT	TURE C	F APPLIC	ANT. ATTO	RNEY. C	R AGENT		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Winstead Beckrest & Minick P.C. Signature									
Printed name Kely K. Kordzik									
Date		8, 2006		Reg. No.	36,571				
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PTO/SB/17 (11-04)

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Application	10/666,527			
FEE TRANSMITTAL Filing Date	09/18/2003			
For FY 2005 First Name	ed Inventor Todd C. Bailey			
Examiner	Name Emmanuel S. Luk			
plicant claims small entity status. See 37 CFR 1.27	1722			

METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued)	TOTAL AMOUNT OF PAYMENT (\$) 60	Attorney Docket No. PA51-22-02			
Deposit Account	METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)			
Account Number Deposit Account & Molecular Imprints; Inc:		Fee Description Fee (\$) Fee (\$) Each claim over 20 50 25			
The Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 Credit any overpayments Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Credit card information on this form may become public. Credit card information and authorization on PTO-2038. Credit card information on this form. Provide credit card information and authorization on PTO-2038. Credit card information and authorization on PTO-2038. Credit card information on this form. Provide credit card information and authorization on PTO-2038. Credit card information on this form. Provide credit card information on this form. Provi	Account Number Deposit Account B Molecular Imprints, Inc.	For Reissues, each claim over 20 and more than in the original patent 50 25			
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments to the above-identified deposit account. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING FEE Fee Description Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee Paid(\$) Small Entity Fee Description Fee (\$) Fee (\$) Fee (\$) Fee Paid(\$) 1. Honth extension of time 1,020 510 3-month extension of time 1,020 510 4-month extension of time 1,590 795 5-month extension of time 2,160 1,080 Utility Filing Fee 790 395 Design Filing Fee 350 175 Non-English specification 130 130 Plant Filing Fee 790 395 Reissue Filing Fee 790 395 Resister Filing Fee 790 395 Resister Filing Fee 790 395 Request for oral hearing 1,000 500	The Director is hereby authorized to: (check all that apply)	more than in the original patent 200 100 Total Claims Extra Claims Fee (\$) Fee Paid (\$) - 20 or HP = x =			
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Provisional Filing Fee 160 80 Other:		-			
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Subtotal (1) \$ Subtotal (3) \$_60	Subtotal (1) \$	Subtotal (3) \$_60			

SUBMITTED BY	-	111			
Signature	1		Registration No. (Attorney/Agent) 36.571	Telephone 512.370.2851	
Name (Print/Ty	pe Kelly K	. Kordzik		Date /	lune 8,2006

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